



TOWN OF HOPEDALE

78 Hopedale Street - P.O. Box 7
Hopedale, Massachusetts 01747

Tel: 508-634-2203 Fax: 508-634-2200

BOARD OF SELECTMEN

LOCAL LICENSING AUTHORITY

AUTOMATIC AMUSEMENT LICENSE(S)

Automatic amusement devices, M.G.L. c. 140, § 177A

State Statute requires an Automatic Amusement Device License if any of the following is on the premises: any mechanism whereby, upon the deposit therein of a coin or token, any apparatus is released or set in motion or put in a position where it may be set in motion for the purpose of playing any game involving, in whole or in part, the skill of the player, including, but not exclusively, such devices as are commonly known as pinball machines including free play pinball machines, video games and other devices.

NEW LICENSE - REQUIRED DOCUMENTATION:

1. Application Form
2. Check made payable to the Town of Hopedale \$100 per device
3. Articles of Organization as filed with Massachusetts Secretary of States office
4. REAP Form (Revenue Enforcement Protection Attestation Form)
5. Copy of Certificate of Good Standing from the Commonwealth of MA –Department of Revenue website: <https://wfb.dor.state.ma.us/webfile/certificate/public/webforms/welcome.aspx>
6. Worker's Compensation Insurance Affidavit
7. Worker's Compensation Policy Declaration Page
8. Emergency Contact Form
9. Business Certificate obtained from Town Clerk's Office
10. Abutter List obtained from Assessor's Office which includes all abutters to the establishment and land owner's directly opposite the establishment
11. Proof of mailing notice to abutters via certified mail (notice must be published in a local newspaper at least 7 days prior to the public hearing and posted with the Town Clerk's Office)
12. Floor plan indicating the proposed location of the devices, the location of exists and all permanent furnishings and any obstructions
13. Public Hearing
14. Approval from Town Departments, Board and Committees
15. Incomplete applications will not be accepted by the Selectmen's Office

RENEWAL LICENSE - REQUIRED DOCUMENTATION:

1. Application Form
2. Check made payable to the Town of Hopedale \$100 per device
3. REAP Form (Revenue Enforcement Protection Attestation Form)
4. Copy of Certificate of Good Standing from the Commonwealth of MA –Department of Revenue website: <https://wfb.dor.state.ma.us/webfile/certificate/public/webforms/welcome.aspx>
5. Worker's Compensation Insurance Affidavit
6. Worker's Compensation Policy Declaration Page
7. Emergency Contact Form
8. Business Certificate obtained from Town Clerk's Office



RECEIVED BY BOARD OF
SELECTMEN'S OFFICE

TOWN OF HOPEDALE

DATE:

TIME

AUTOMATIC AMUSEMENT LICENSE APPLICATION / RENEWAL (MGL Ch 140 §177A, Ch 62C §49A)

TO THE HOPEDALE LOCAL LICENSING AUTHORITY AND / OR STATE LICENSING BOARD:

The undersigned hereby applies for an Automatic Amusement Device License per MGL c.140 § Section 177A AND c. 62C §49A and in accordance with the provisions of the Statutes relating thereto, the bylaws of the town and provisions set by the Local Licensing Authority

PER TOWN OF HOPEDALE BYLAW

§ 270-3. Denial, revocation or suspension of license or permit.

The licensing authority may deny, revoke or suspend any license or permit, including renewals and transfers of any party whose name appears on said list furnished to the licensing authority from the Tax Collector or with respect to any activity, event or other matter which is the subject of such license or permit and which activity, event or matter is carried out or exercised or is to be carried out or exercised on or about real estate owned by any party whose name appears on said list furnished to the licensing authority from the Tax Collector; provided, however, that written notice is given to the party and the Tax Collector, as required by applicable provisions of law, and the party is given a hearing, to be held not earlier than 14 days after said notice.

PLEASE PRINT:

Date of Application: _____

DBA Name: _____

Business Address: _____
Street Number Street Name City/Town State Zip

Bus. Owner Name: _____ Bus. Telephone: _____

Business Owner Address: _____
Street Number Street Name City/Town State Zip

Business Manager Name: _____ Telephone: _____

Business Manager Home Address: _____
Street Number Street Name City/Town State Zip

Corporation Name: _____ Telephone: _____

Corporation Address: _____
Street Number Street Name City/Town State Zip

What are the Hours of Operation of the Automatic Amusement Devices:

Weekdays: Start Time: _____ End Time: _____

Saturdays: Start Time: _____ End Time: _____

Sundays: Start Time: _____ End Time: _____

Automatic Amusement Device Vendor Information

Vendor Name: _____

Telephone: _____

Vendor Address: _____
Street Number Street Name City/Town State Zip

Name of Device or Machine	Coin Operated Yes or No	Manufacturer	State Identification Number

Licenses granted under this section, unless sooner revoked, shall expire on December thirty-first of each year. Every such license shall specify the street and number of the premises where the automatic amusement device is to be kept or offered for operation or give some particular description of such premises, shall state the type of the automatic amusement device to which it relates, and shall cover any automatic amusement device of the same type which as a substitute or replacement for the automatic amusement device licensed, may, during the term of the license, be kept or offered for operation on the premises specified; but such license shall under no circumstances cover an automatic amusement device of a type other than the type stated in such license; and such license shall not cover the automatic amusement device if in any place other than the premises from time to time specified in such license. No such license shall specify more than one premises at one time. Upon written application, the licensing authority may from time to time amend any license granted under this section by changing the premises specified.

I hereby swear (affirm) under the pains and penalties of perjury that I am the person named above and that the information provided by me in this document is true and that I am aware of and shall comply with the statutes that prohibit gambling and gaming.

I also certify that the machine(s) named and described herein has/have been approved by the Director of Bureau of Standards.

Applicant Signature

Date

Owner's Signature (New Applicants Only)

Date

Vendor's Signature (New Applicants Only)

Date

The Local Licensing Authority may issue rules and regulations for the use of such automatic music machines by the holders of licenses and it may require, from time to time, the furnishing of reports concerning ownership of such machines, or any interest therein, receipt for the use of such machines, and any other information which it may deem pertinent concerning such instruments, their use and operation.

*******ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED*******

NEW APPLICATIONS ONLY

PLEASE OBTAIN RECOMMENDATIONS FROM INSPECTOR'S PRIOR TO SUBMITTING APPLICATION
TO THE BOARD OF SELECTMEN OFFICE

Bldg. Inspector: _____ Date: _____ ☐ Recommend ☐ Do Not Recommend

BOH Agent: _____ Date: _____ ☐ Recommend ☐ Do Not Recommend

Fire Chief: _____ Date: _____ ☐ Recommend ☐ Do Not Recommend

Police Chief: _____ Date: _____ ☐ Recommend ☐ Do Not Recommend

Comments: _____

TOWN OF HOPEDALE
MASSACHUSETTS

AUTOMATIC AMUSEMENT DEVICES

SUBJECT: Automatic Amusement Devices for hire, gain or reward, approved by the Director of Standards under Section 283 of Chapter 94

REFERENCE: Massachusetts General Law (Annotated), Chapter 140 §177A

GENERALLY:

1. The Board of Selectmen may grant, and after written notice to the licensee, suspend or revoke a license to keep and operator an automatic amusement device.
2. The term "AUTOMATIC AMUSEMENT DEVICE" shall mean any mechanism whereby, upon the deposit therein of a coin or token, any apparatus is released or set in motion or put in a position where it may be set in motion for the purpose of playing any game involving, in whole or in part, the skill of the player, including, but not exclusively, such devices as are commonly known as pinball machines including free play pinball machines, simulated sports games, computer games, video games and other devices.
3. Licenses when issued pursuant to this procedure shall expire on December thirty-first of each year unless sooner revoked.
4. Every such license shall specify the street and number of the premises where the automatic amusement device is to be kept or offered for operation or give some particular description of such premises, shall state the type of the automatic amusement device to which it relates, and shall cover any automatic amusement device of the same type which as a substitute or replacement for the automatic amusement device licensed, may, during the term of the license, be kept or offered for operation on the premises specified; but such license shall under no circumstances cover an automatic amusement device of a type other than the type stated in such license; and such license shall not cover the automatic amusement device if in any place other than the premises from time to time specified in such license.
5. No such license shall specify more than one premises at one time. Upon written application, the licensing authority may from time to time amend any license granted under Chapter 140 §177A by changing the premises specified.

APPLICATION PROCEDURE

- 1.1. No person, corporation, partnership, sole proprietorship, club or entity by whatever name, title, organization or structure, however defined or described, shall operate, permit, or cause to be operated any automatic amusement device or whatever kind or however described, without first apply to the Boar and receiving a permit therefore pursuant to these regulations.
- 1.2. No license shall be granted unless the applicant is the owner of the business where it is proposed to locate the automatic amusement device.

- 1.3. Applications for any automatic amusement device license shall be made in writing on approved forms by the Board of Selectmen.
- 1.4. A floor plan shall accompany each application indicating the proposed location of the device(s), the location of exits, and all permanent furnishings and obstructions. Floor plans shall be reviewed and approved by the Fire Chief or their designee and the Building Inspector's office.

INVESTIGATION

- 2.1 Upon receipt of an application for a license where any by-law of the Town necessitates an inspection or investigation before issuance of the license, the Board of Selectmen shall such application to the proper officer and said officer shall make such investigation with approximately five days of the date of receipt of such application. The Board of Health shall make or cause to be made an investigation in regard to such licenses; the Building Inspector shall make or cause to be made any such inspections relative to the construction of any buildings. All other investigations, except as otherwise provided, shall be made by the Chief of Police or some other officer designated by the Chief of Police.

PUBIC HEARING

- 3.1 A public hearing shall be held on the original application.
- 3.2 When a completed application is received by the Board of Selectmen on the required form, the BOS shall cause a legal notice to be published (*at the sole expense of the applicant*), in a newspaper of general circulation in the Town, at least seven days prior to the date set by the Board for a public hearing on said application.
- 3.3 All abutters to the establishment and owners of land directly opposite of the establishment where the proposed devices are to be located shall be notified by certified mail (*at the expense of the applicant*) of the time, date and place of public hearing.
- 3.4 No license shall be issued until payment of the costs of the notice defined in paragraphs 3.2 and 3.3 above have been received by the Board of Selectmen's office.

APPLICATION REVIEW

- 4.1 The Board shall review and act on each application for an AUTOMATIC AMUSEMENT DEVICE.
- 4.2 No license shall be granted that would involve a violation of the Massachusetts General Laws, Zoning By-Laws or General By-Laws of the Town.
- 4.3 No license shall be granted unless the premises where the devices are to be located have a principal use as a recreational facility permitted under the Zoning By-Laws, or as a restaurant, or a non-profit Club chartered for any purpose described in Chapter 180 §2 of the Massachusetts General Laws.
- 4.4 The Board may deny a license where the applicant is not a suitable person, or if, in its discretion, if finds that the general good, order and welfare of the community require, or for other lawful reasons.

ISSUING LICENSES

- 5.1 The Board of Selectmen shall establish and may amend from time to time, the schedule of fees for licenses issued, the applicant shall pay the applicable fee for each machine and shall pay any other outstanding charges pursuant to the public hearing and regulations herein.
- 5.2 Licenses shall be non-assignable and non-transferable.
- 5.3 Licensed automatic amusement devices shall be so installed on the premises described in the license as to be in open view at all times while in operation s and shall at all times be available for inspection.
- 5.4 No person keeping or offering for operation, or allowing to be kept or offered for operation, any automatic amusement device licensed under this section, shall permit the same to be used for the purpose of gambling.

ADDITIONAL REGULATIONS

- 6.1 No owner, operator, employee or person in charge shall allow any minor \under 17 years of age who is improperly absent from school without permission of parent, guardian, or school authorities) to play or use any such electronic amusement device.
- 6.2 No device for which a license is sought may b used for gaming, nor shall such device or premises be at any time in violation of Chapter 14 §271 of the General Laws, or any other provisions of the General Laws which prohibit or prescribe gaming or gambling in any form. Any finding by the Board of Selectmen that any provision of this section has been violated shall result in immediate revocation of any such license. The applicant shall provide the Board with the state identification number of each device.
- 6.3 Any entity as set forth in paragraph 1.1 found t be in violation of any provisions of these regulations shall be liable for a fin of one hundred dollars (\$100.00) payable to the Town as provided by Chapter 140 §178.
- 6.4 Each and every section of these regulations shall be complied with to reasonable ratification of the Board, whose determination of compliance shall be find within the administrative jurisdiction of the Board of Selectmen.
- 6.5 Ay application submitted with false or inaccurate information may cause the board to deny and/or revoke the license.

Board of Selectmen Review: June 20, 2016

Board of Selectmen Adopted:



TOWN OF HOPEDALE
78 Hopedale Street
Hopedale, MA 01747

Commonwealth of Massachusetts

Section 49A. (a) A person applying to any department, board, commission, division, authority, district or other agency of the commonwealth or a subdivision of the commonwealth, including a city, town or district, for a right or license to conduct a profession, trade or business or for the renewal of the right or license, shall certify upon application, under penalties of perjury, that he has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

REVENUE ENFORCEMENT & PROTECTION ATTESTATION (REAP)

MASSACHUSETTS DEPARTMENT OF REVENUE

Pursuant to M.G.L. c. 62C § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I, and/or the entity applying for licensure, have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Social Security Number if sole proprietor; **OR** Federal Identification Number, if a corporation
Corporations must use the Federal Tax Id number
(one or the other is required)

Corporate Name: _____

Business and/or DBA Name: _____

Must List Corporate Name as it appears Federal Tax Forms
also List DBA Name

Authorized Signature: _____

Must Print Name & Title _____

Signature and Printed Name & Title (If Corporation must be current corporate officer)

Name of Person on License Application (Print) : _____

Residential Address: _____

City/Town: _____ State: _____ Zip: _____

Phone number: _____ Date Completed: _____

This information will be furnished to the Massachusetts Department of Revenue to determine whether you have filed all state tax returns, paid all state taxes required under law and complied with all laws of the Commonwealth relating to taxes. Licensees who fail to correct their non-filing, delinquency status, or who are not in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support will be subject to license suspension or revocation under M.G.L. c. 62C § 49A.



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Town of Hopedale Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk **4. Licensing Board** 5. Selectmen's Office
6. Other _____

Contact Person: Susan Brouwer Phone #: 508-634-2203 X 210



THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HOPEDALE
EMERGENCY CONTACT FORM

Date: _____

Name of Licensed Business

Address of Business

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact

24 Hour Emergency Contact Telephone Number

Licenses applying *for or held* in the Town of Hopedale:

Business Hours

Weekday Business Hours of Operation Mon-Fri: _____

Weekend Business Hours of Operation Sat. & Sun: _____

ONLY COMPLETE IF YOU ARE APPLYING FOR AN ENTERTAINMENT LICENSE

Weekday Entertainment Hours Mon-Fri: _____

Weekend Entertainment Hours Sat. & Sun: _____

Types of Entertainment: _____

The premises is _____ ALARMED _____ NOT ALARMED

The premises has _____ SPRINKLER SYSTEM _____ DOES NOT HAVE SPRINKLER SYSTEM

THIS FORM MUST BE COMPLETED BEFORE A LICENSE IS ISSUED